

FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

2-0017420

APPLICATION FO	DR SEWER PERMIT	00072
Permit No.	Date 11-21-85	_
Permit Void 90 days from Date of Is	ssuance	
Owner Name Paniel	Rittenour	
Property Address 244	E75th St	
Lot #	P.O. Box	
Town_ anderson	, IN Zip Code 46013	
Phone 642-2983	Water Meter	"
\$ <u>/50 00</u> Tap on Fee Pai	id	
\$	e paid	

Application is hereby made for connection to the Fall Creek Regional Waste District Sewer System for the above listed property - Permit Type: Residential _____, Commercial _____, Industrial _____, or Governmental/ Institutional _____. User Information ______.

All workmanship and materials shall conform to the standards of the District Ordinance as described in Ordinance 84-2 and 84-3 as amended. Acceptance and approval must be made by the District inspector or his duly authorized representative before backfilling and final connection is made to the main sewer lines. Any violation of applicable regulations will cause all lines and appurtenances in violation to be removed and replaced at the owners expense.

The Fall Creek Regional Waste District is responsible for the inspection, approval of materials, and installation techniques only. All costs for materials and installation and any liabilities resulting from same is the sole responsibility of the property owner.

I have read and fully understand the above provisions and agree to comply by said provisions.

- Waniel Retence			
the second s	NT(S) SIGNATURE		-
Date inspected 11/22/85 Approv	INSPECTOR	****	*
Date inspected 11/22/85 Approv	vedI	Rejected	
Reason for rejection			
Date reinspected	Approved	Rejected	
Notes: 6 " Size Pipe 6		(⁰	3 1
Type Pipe 6.V.C.			North
Basement Yes No		1.	
Sump Pump Yes No 🗸			
Downspout to Ground Yes Nov]
Septic Tank Pumped & filled Yes	No	D'A	
Contractor +LATFORD		Acres	
Special Conditions		Care	/
		4	
		9	
	-	y. /	
		and in the	